

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
May 05, 2009  
Secretary of State**

DOCUMENT# P08000002759

Entity Name: RIBS "N" WRAPS, INC.

**Current Principal Place of Business:**

27411 S DIXIE HWY  
MIAMI, FL 33032

**New Principal Place of Business:**

27411 S DIXIE HWY  
MIAMI, FL 33032

**Current Mailing Address:**

8440 SW 16TH STREET  
MIAMI, FL 33155

**New Mailing Address:**

FEI Number: 26-1743041

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOMEIDAN, MOUNIR A  
8440 SW 16TH STREET  
MIAMI, FL 33155 US

**Name and Address of New Registered Agent:**

HOMEIDAN, MOUNIR A  
27411 S DIXIE HWY  
HOMESTEAD, FL 33032 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MOUNIR HOMEIDAN

05/05/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HOMEIDAN, MOUNIR A  
Address: 8440 SW 16TH STREET  
City-St-Zip: MIAMI, FL 33155

Title: SD (X) Delete  
Name: HOMEIDAN, AUREA P  
Address: 8440 SW 16TH STREET  
City-St-Zip: MIAMI, FL 33155

Title: TD (X) Delete  
Name: HOMEIDAN, GRACE  
Address: 8440 SW 16TH STREET  
City-St-Zip: MIAMI, FL 33155

Title: VTD (X) Delete  
Name: HOMEIDAN, AMINA  
Address: 8440 SW 16TH STREET  
City-St-Zip: MIAMI, FL 33155

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: HOMEIDAN, MOUNIR A  
Address: 27411 S DIXIE HWY  
City-St-Zip: HOMESTEAD, FL 33032

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MOUNIR HOMEIDAN

P

05/05/2009

Electronic Signature of Signing Officer or Director

Date